

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
En , Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-26626
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-4474
7. Lease Name or Unit Agreement Name Salomeh
8. Well No. 1
9. Pool name or Wildcat Cabin Lake Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3249.6' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Corinne B. Grace

3. Address of Operator
P.O. Box 1418, Carlsbad, N.M. 88221-1418

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
Section 36 Township 21S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3249.6' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8/18/92 ACid Engineering acidized 5460'-5468' perfs with 900 gals 15% HCL acid and 100 gals Pental-100 (xeline plus acid mix) with 36 RCN ball sealers. Fraced perfs with 15750 lbs. 20/40 Ottawa Sand, 25000 gals CXB-15 and 10600 gals C-135.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mitchell Morris TITLE Accountant DATE 9/17/92
TYPE OR PRINT NAME Mitchell Morris TELEPHONE NO. 887-5581

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 7 1994

CONDITIONS OF APPROVAL, IF ANY: